

INSTRUCTIONS TO APPLICANT: Please read instructions for each section carefully before answering the question. Type or print answers in ink. If additional space is required to provide details, use Section D on page 4. After completing this statement, be sure to sign your name and give the date in Section E. Your replies will be evaluated in terms of the particular position for which you are applying. **NOTE:** At the discretion of the appointing officer, a medical examination, at the Government's expense, may be required.

IDENTIFICATION OF APPLICANT

| | | |
|---|----------------------------------|--------------------------------------|
| NAME (Last, First, Middle) | DATE OF BIRTH (Month, Day, Year) | SOCIAL SECURITY NUMBER |
| ADDRESS (Number, Street, City, State and ZIP) | TITLE OF POSITION APPLIED FOR | |

1. Do you have any of the following problems:
 - a. reading small newspaper print (*glasses permitted*)?
 - b. reading ordinary newspaper headlines without glasses?
 - c. seeing distant objects with either eye (*glasses permitted*)?
2. Do you have difficulty in distinguishing basic colors (*red, green, blue*)?
3. Do you have difficulty in distinguishing shades of colors?
4. Do you have any hearing problem, including hearing telephone conversations (*hearing aid permitted*)?
5. Do you wear a hearing aid?
6. Do you have any speech impairment which hinders:
 - a. person-to-person conversation?
 - b. telephone conversation?
 - c. talking to groups of people?
7. Do you have any physical condition or limitation which interferes with a normal sense of taste and smell?
8. Do you have an amputation or abnormality of a leg, foot, arm, hand, and/or finger?
9. Do you have difficulty in using arms, hands, or fingers for reaching in any direction, grasping, or handling?
10. Do you have any physical condition or limitation which prevents full use of fingers?
11. Do you have any physical condition or limitation which prevents full use of both hands?

[illegible]

SECTION A - Physical Limitations (continued)

| | YES | NO |
|--|-----|----|
| 12. Do you have any physical condition or limitation which prevents full use of both legs?..... | | |
| 13. Have you ever experienced any back disorders or injuries?..... | | |
| 14. Do you have any severe allergies that would be aggravated by dusty conditions?..... | | |
| 15. Do you have any allergies or other medical condition that would be aggravated by exposure to laboratory substances or chemicals?..... | | |
| 16. Do you have asthma or other respiratory ailments?..... | | |
| 17. Have you in the past 3 months been exposed to tuberculosis (TB), hepatitis, meningitis or other contagious diseases?..... | | |
| 18. Do you use alcoholic beverages in a manner which could impede your ability to work safely and efficiently?..... | | |
| 19. Do you use marijuana, cocaine, narcotics, hallucinogens, or similar substances which could impede your ability to work safely and efficiently?..... | | |
| 20. Do you use prescribed or other medications which could impede your ability to work safely and efficiently?..... | | |
| 21. Do you have any disease or physical or mental disability which would make your employment in this job a hazard to yourself or others?..... | | |
| 22. Do you have any medical disorder or physical impairment which would interfere in any way with the full performance of the duties of the position?..... | | |

SECTION B - PHYSICAL ENDURANCE FACTOR

Answer each circled item "YES" or "NO" by placing an "X" in the proper box below to show your physical ability to carry out the listed activities during each workday. If you answer "NO" to any item, give additional details in Section D.

During the workday are you physically able to perform activities involving the following:

| | YES | NO |
|---|-----|----|
| 1. Sitting for long periods of time?..... | | |
| 2. Standing for long periods of time?..... | | |
| 3. Some walking on flat surfaces, slight inclines, and occasionally climbing stairs?..... | | |
| 4. Frequent walking and/or climbing stairs or steep inclines?..... | | |
| 5. Continuous pulling (____ hours)?..... | | |
| 6. Occasional pushing and pulling motions?..... | | |
| 7. Frequent pushing and pulling motions?..... | | |
| 8. Occasional bending, stooping, and crouching?..... | | |
| 9. Frequent bending, stooping, and crouching?..... | | |
| 10. Lifting and carrying under 15 pounds?..... | | |
| 11. Lifting and carrying 15 to 44 pounds?..... | | |

SECTION B - Physical Endurance Factors (continued)

12. Lifting and carrying 45 pounds and over?.....
13. Reaching above shoulders?.....
14. Repeated bending (____ hours)?.....
15. Standing (____ hours)?.....
16. Crawling (____ hours)?.....
17. Kneeling (____ hours)?.....
18. Climbing, use of arms and legs?.....
19. Operating a motor vehicle?.....
20. Working under pressure and time constraints?.....
21. Performing rapid mental and muscular coordination simultaneously?

| YES | NO |
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SECTION C - ENVIRONMENTAL ENDURANCE FACTOR

Some positions may involve unusual working conditions or working outside. Answer each circled item "YES" or "NO" by placing an "X" in the proper box below. If you answer "NO" to any item, give additional details in Section D.

Can you work under the following conditions:

1. Outside and inside?.....
2. Severe heat?.....
3. Severe cold?.....
4. Severe humidity?.....
5. Severe dampness or chilling?.....
6. Dry atmospheric conditions?.....
7. Severe noise?.....
8. Constant noise?.....
9. Dusty atmospheres?.....
10. Some exposure to fumes, smoke, or gases?.....
11. Some (*incidental*) contact with solvents, greases, and oils?.....
12. Some contact with laboratory substances or chemicals?.....

| YES | NO |
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13. Working with hands in water?.....
14. Occasional walking over rough terrain?.....
15. Slippery or uneven walking surfaces?.....
16. Around machinery with moving parts?.....
17. Around moving objects or vehicles?.....
18. Climbing ladders/scaffolding?.....
19. Working below ground surface?.....
20. Working alone?.....
21. Working closely with others?.....
22. Protracted or irregular hours of work?.....
23. Commercial air travel?.....
24. Rotating shifts?.....
25. Nights?.....

| YES | NO |
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SECTION D - ADDITIONAL DETAILS

This space is for detailed answers to Sections A, B, and C. (Give section letter and item number.)

| SECTION LETTER/ITEM NUMBER | DESCRIPTION | SECTION LETTER/ITEM NUMBER | DESCRIPTION |
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IF YOU NEED MORE SPACE, ATTACH ADDITIONAL SHEETS

SECTION E - CERTIFICATION BY APPLICANT

I certify that all the information I have furnished is correct to the best of my knowledge and belief.

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| APPLICANT (Signature) | DATE SIGNED (Month, Day, Year) |
|-----------------------|--------------------------------|

SECTION F - AGENCY USE ONLY

| | | |
|---|-----------------------|----------------------------|
| 1. POSITION TO WHICH APPLICANT ASSIGNED | 2. OTHER ACTION TAKEN | 3. DATE (Month, Day, Year) |
| 4. SIGNATURE OF APPOINTING OFFICER | 5. OFFICIAL TITLE | |
| 6. ADDRESS OF AGENCY | | |

INSTRUCTIONS TO THE AGENCY

This document may be used in conjunction with or in lieu of a Certification of Medical Examination for positions whose physical requirements do not exceed those identified on the questionnaire, and which may properly be evaluated by an appointing officer.

If, either as a result of replies on the document or a personal observation, the appointing officer believes the applicant is physically unable to do the job or would create a hazard to himself, herself, or others, the appointing officer may require the applicant to undergo a medical examination. (The examination may not be required solely on the basis of the applicant's age, sex, or other non job-related factor.) In addition, for positions having unusual sight or hearing requirements, an appropriate specialized examination, at the Government's expense, may be required.

Agency official will:

1. Fill in "Title of Position Applied For" under "IDENTIFICATION OF APPLICANT".
2. Circle the item number of the questions, in each section, which will determine the applicant's physical ability to perform the duties of the position. Circle ONLY those items which pertain to the physical requirements of the job, or in the case of Section C, the environmental factors.
3. After the applicant completes the statement, take appropriate action as indicated by the applicant's replies. A Federal medical officer should be consulted when indicated by detailed replies.
4. In accordance with 5 CFR 339.306, the appointing officer is authorized to medically disqualify a nonpreference eligible. If the candidate is a preference eligible, OPM must approve the agency's determination to pass over the preference eligible on that ground. The appointing officer must request a medical examination. He or she must then submit the entire record (including the SF-78, Certificate of Medical Examination; the MRP-5, Self-Certification Medical Statement; and the candidate's application and/or resume for Federal Employment, if available) with the SF-62, Agency Request to Pass Over a Preference Eligible or Object to an Eligible, to the Office of Personnel Management for a decision.